

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

24988

7590

06/26/2006

LEONA L. LAUDER 235 MONTGOMERY STREET, SUITE 1026 SAN FRANCISCO, CA 94104-0332

| EXA      | MINER        |
|----------|--------------|
| HOLLER   | AN, ANNE L   |
| ART UNIT | PAPER NUMBER |

1643

DATE MAILED: 06/26/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/480.389      | 01/11/2000  | Bruce M. Boman       | CATX-N              | 42.58            |

TITLE OF INVENTION: IMMUNOASSAYS TO DETECT DISEASES OR DISEASE SUSCEPTIBILITY TRAITS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$0             | \$1400           | 09/26/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown
- B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| indicated unless corrected be maintenance fee notification                                 | pelow or directed otherwise<br>s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | in Block 1, by (a                                              | rders and noti a) specifying a                                         | a new co                                       | orrespondence address                                                     | will be mailed to the curren; and/or (b) indicating a sep                                                                    | arate "FEE ADDRESS" for                                                            |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENC                                                                      | E ADDRESS (Note: Use Block 1 for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | any change of address)                                         |                                                                        |                                                | Fee(s) Transmittal. Tl                                                    | mailing can only be used fair certificate cannot be used all paper, such as an assignment of mailing or transmission.        | for any other accompanying                                                         |
| 24988 759                                                                                  | 90 06/26/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |                                                                        |                                                |                                                                           |                                                                                                                              |                                                                                    |
| LEONA L. LAUI                                                                              | DER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                                                        |                                                | I hereby certify that t                                                   | rtificate of Mailing or Trans<br>his Fee(s) Transmittal is bein                                                              | smission<br>g deposited with the United                                            |
| 235 MONTGOME<br>SAN FRANCISCO                                                              | RY STREET, SUITE<br>, CA 94104-0332                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1026                                                           |                                                                        |                                                | States Postal Service addressed to the Ma transmitted to the USI          | his Fee(s) Transmittal is bein<br>with sufficient postage for fir<br>il Stop ISSUE FEE address<br>PTO (571) 273-2885, on the | st class mail in an envelope<br>above, or being facsimile<br>date indicated below. |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                        |                                                |                                                                           |                                                                                                                              | (Depositor's name)                                                                 |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                        |                                                |                                                                           |                                                                                                                              | (Signature)                                                                        |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                        |                                                |                                                                           |                                                                                                                              | (Date)                                                                             |
| APPLICATION NO.                                                                            | FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                | FIRST NAMED                                                            | ) INVEN                                        | TOR                                                                       | ATTORNEY DOCKET NO.                                                                                                          | CONFIRMATION NO.                                                                   |
| 09/480,389                                                                                 | 01/11/2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                | Bruce M.                                                               | . Boman                                        |                                                                           | CATX-N                                                                                                                       | 4258                                                                               |
| TITLE OF INVENTION: IM                                                                     | MUNOASSAYS TO DET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ECT DISEASES O                                                 | R DISEASE                                                              | SUSCE                                          | TIBILITY TRAITS                                                           |                                                                                                                              |                                                                                    |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                        |                                                |                                                                           |                                                                                                                              |                                                                                    |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                        |                                                |                                                                           |                                                                                                                              |                                                                                    |
| APPLN. TYPE                                                                                | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ISSUE F                                                        | EE                                                                     | PU                                             | BLICATION FEE                                                             | TOTAL FEE(S) DUE                                                                                                             | DATE DUE                                                                           |
| nonprovisional                                                                             | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$1400                                                         | )                                                                      |                                                | \$0                                                                       | \$1400                                                                                                                       | 09/26/2006                                                                         |
| EXAM                                                                                       | INER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ART UN                                                         | TII                                                                    | CL                                             | ASS-SUBCLASS                                                              | ]                                                                                                                            |                                                                                    |
| HOLLERAN                                                                                   | N, ANNE L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1643                                                           |                                                                        |                                                | 435-007100                                                                |                                                                                                                              |                                                                                    |
| "Fee Address" indicati<br>PTO/SB/47; Rev 03-02 o                                           | e address or indication of "Forence address (or Change of (2) attached.  ion (or "Fee Address" Indication (or "Fee Address" Indicati | Correspondence                                                 | (1) the nar<br>or agents C<br>(2) the nan<br>registered<br>2 registere | mes of u<br>OR, alter<br>me of a s<br>attorney | ingle firm (having as<br>or agent) and the nan<br>attorneys or agents. If | a member a 2                                                                                                                 |                                                                                    |
| Number is required.                                                                        | P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                                                                        |                                                | l be printed.                                                             |                                                                                                                              |                                                                                    |
| 3. ASSIGNEE NAME AND                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                        | •                                              | •• •                                                                      | in identified below the i                                                                                                    |                                                                                    |
| recordation as set forth in                                                                | 37 CFR 3.11. Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of this form is NO                                             | T a substitute                                                         | ear on the                                     | ie patent. If an assigi<br>gan assignment.                                | nee is identified below, the d                                                                                               | locument has been filed for                                                        |
| (A) NAME OF ASSIGNE                                                                        | EE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                | (B) RESIDE                                                             | NCE: (C                                        | ITY and STATE OR                                                          | COUNTRY)                                                                                                                     |                                                                                    |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                        |                                                |                                                                           |                                                                                                                              |                                                                                    |
| Please check the appropriate                                                               | assignee category or catego                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ries (will not be pr                                           | inted on the pa                                                        | atent):                                        | ☐ Individual ☐ C                                                          | orporation or other private gr                                                                                               | oup entity Government                                                              |
| 4a. The following fee(s) are of                                                            | enclosed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4t                                                             | . Payment of l                                                         | Fee(s):                                        |                                                                           |                                                                                                                              |                                                                                    |
| ☐ Issue Fee                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                        |                                                | ount of the fee(s) is en                                                  | nclosed.                                                                                                                     |                                                                                    |
| Publication Fee (No sr                                                                     | mall entity discount permitte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ed)                                                            | Payment 1                                                              | by credi                                       | card. Form PTO-203                                                        | 8 is attached.                                                                                                               |                                                                                    |
| Advance Order - # of                                                                       | Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                | The Direct Deposit A                                                   | tor is he                                      | reby authorized by cha                                                    | arge the required fee(s), or cre                                                                                             | edit any overpayment, to ra copy of this form).                                    |
| 5. Change in Entity Status                                                                 | (from status indicated above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | )                                                              | •                                                                      |                                                |                                                                           |                                                                                                                              | ,                                                                                  |
|                                                                                            | MALL ENTITY status. See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                                        |                                                |                                                                           | LL ENTITY status. See 37 C                                                                                                   |                                                                                    |
| The Director of the USPTO i<br>NOTE: The Issue Fee and Pu<br>interest as shown by the reco | s requested to apply the Issuablication Fee (if required) was of the United States Pate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e Fee and Publica<br>vill not be accepted<br>ent and Trademark | tion Fee (if and<br>I from anyone<br>Office.                           | y) or to to to the other the                   | re-apply any previous<br>an the applicant; a reg                          | y paid issue fee to the applicate istered attorney or agent; or t                                                            | ation identified above.<br>he assignee or other party in                           |
| Authorized Signature                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                        |                                                | Date                                                                      |                                                                                                                              |                                                                                    |
| Typed or printed name                                                                      | n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                        |                                                |                                                                           | No                                                                                                                           |                                                                                    |
| This collection of information an application. Confidentiali                               | n is required by 37 CFR 1.3<br>ty is governed by 35 U.S.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11. The information 122 and 37 CFR                             | on is required t                                                       | to obtain<br>lection is                        | or retain a benefit by sestimated to take 12                              | the public which is to file (an minutes to complete, including                                                               | d by the USPTO to process)                                                         |

an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFK 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.              | FILING I | DATE           | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.    | CONFIRMATION NO. |  |
|------------------------------|----------|----------------|----------------------|------------------------|------------------|--|
| 09/480,389 01/11/2000        |          | Bruce M. Boman | CATX-N               | 4258                   |                  |  |
| 24988                        | 7590     | 06/26/2006     |                      | EXAMINER               |                  |  |
| LEONA L. LA                  | UDER     |                |                      | HOLLERA                | N, ANNE L        |  |
| 235 MONTGO                   |          |                |                      | ART UNIT               | PAPER NUMBER     |  |
| SAN FRANCISCO, CA 94104-0332 |          |                | 1643                 | 1643                   |                  |  |
|                              |          |                |                      | DATE MAILED: 06/26/200 | 6                |  |

## Determination of Patent Term Extension under 35 U.S.C. 154 (b)

(application filed after June 7, 1995 but prior to May 29, 2000)

The Patent Term Extension is 0 day(s). Any patent to issue from the above-identified application will include an indication of the 0 day extension on the front page.

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Extension is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.